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CONFIRMATION NO. 5618

SERIAL NUMBER 10/782,043	FILING OR 371(c) DATE 02/19/2004 RULE	CLASS 463	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. 493-41-3	
<b>APPLICANTS</b> Robert M. Best, Fort Myers, FL;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/928,294 08/10/2001 which is a CIP of 09/853,487 05/10/2001 PAT 6,966,837 <i>ok D.J.P. 9/24/07</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none D.J.P. 9/24/07</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/13/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> <i>D.J.P.</i> Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		STATE OR COUNTRY FL	SHEETS DRAWING 13	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
<b>ADDRESS</b> 996					
<b>TITLE</b> Linked game systems with stereoscopic display					
<b>FILING FEE RECEIVED</b> 581	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		